



UNCLASSIFIED

May 20, 2021

**MEMO FOR DENNIS HEARNE, U.S. AMBASSADOR TO MOZAMBIQUE**

**SUBJECT:** PEPFAR MOZAMBIQUE Country Operational Plan 2021 Approval

This memo represents the successful completion of the PEPFAR Mozambique Country Operational Plan (COP) 2021 planning, development and submission. PEPFAR Mozambique, together with the partner government, civil society and multilateral partners, has planned and submitted a COP 2021 in alignment with the directives from the COP 2021 planning letter, data-driven decisions made during the in-country retreat, and agreements made during the planning meeting.

This memo serves as the approval for the PEPFAR Mozambique Country Operational Plan (COP) 2021 with a total approved budget of \$421,246,691, including all initiatives and applied pipeline, to achieve the targets and outcomes as listed in this memo and all appendices. Total budget is reflective of the following programming:

	New Funding (All Accounts)	Pipeline	Total Budget FY 2022 Implementation
<b>TOTAL</b>	<b>413,076,059</b>	<b>8,170,632</b>	<b>421,246,691</b>
<b>Bilateral</b>	<b>412,076,059</b>	<b>8,170,632</b>	<b>420,246,691</b>
<b>Central</b>	<b>1,000,000</b>		<b>1,000,000</b>

The total FY 2022 outlay for COP 2021 implementation shall not exceed the total approved COP 2021 budget of \$421,246,691 without additional written approval. Any prior year funds that are not included within this COP 2021 budget and documented within this memo, its appendices and official PEPFAR data systems are not to be made available for execution and outlay during FY 2022 without additional written approval. The new FY 2021 funding and prior year funds approved within this memo as a part of the total COP 2021 budget are allocated to achieve specific results, outcomes and impacts as approved. All requested Operational Plan Updates and shifting of funds – either between mechanisms and partners, or to add additional funding to mechanisms and partners for execution in FY 2022– must be submitted to and approved by S/GAC.

Approved funding will be made available to agencies for allocation to country platform to implement COP 2021 programming and priorities as outlined below and in the appendix.

**Background**

UNCLASSIFIED

This approval is based upon: the discussions that occurred between the country team, agency headquarters, S/GAC, local and global stakeholders and partners during the April 21-22, 2021 virtual planning meetings and participants in the virtual approval meeting; the final COP 2021 submission, including all data submitted via official PEPFAR systems or within supplemental documents.

## **Program Summary**

Funding and targets for PEPFAR Mozambique's Country Operational Plan (COP) 2021 will support PEPFAR Mozambique's vision in partnership with the Government and people of Mozambique to work towards epidemic control. This will be accomplished through targeted case-finding to efficiently identify people living with HIV (PLHIV), linkage of all newly diagnosed PLHIV immediately to treatment, and ensuring treatment continuity and viral load suppression. COP 2021 targets a large increase in the number of Mozambicans on life-saving treatment, enrolling 326,441 new PLHIV, and bringing the treatment cohort to 1,860,401, or 87% treatment coverage, by the end of FY2022. While PLHIV across all ages and sexes in Mozambique need to be identified, linked, and retained on treatment, COP 2021 will especially focus on linking and bringing back to care the age groups with the greatest need – children and the young men and women. Finally, PEPFAR Mozambique will continue to deploy effective prevention programs targeting adolescent girls and young women, young men, and key populations, to ensure they remain HIV negative.

Poor treatment continuity has prevented Mozambique from reaching the UNAIDS target of 80% treatment coverage by 2020. Over the past few years, however, Mozambique has made significant progress, in part due to the program 'reboot' in COP 2019 which focused the program to address populations with the greatest gaps and increased investment in high performing approaches. The PEPFAR Mozambique strategy for programming to be implemented in FY 2022 will build on successful efforts from COPs 2019 and 2020, applying successful adaptations from COVID-19 pandemic restrictions, while continuing to improve treatment continuity for PLHIV and prevent new HIV infections. Program activities will include: (1) expansion of client-centered service delivery modalities like decentralized ART distribution, community adherence models and peer mentor programs; (2) Enhanced community-led, site-level monitoring; (3) Improved pediatric treatment and continuing to provide support for Orphans and Vulnerable Children (OVC); (4) Strengthened DREAMS program in existing districts to reduce HIV risk for adolescent girls and young women (AGYW); (5) Saturation of voluntary medical male circumcision (VMMC) for men over age 15; (6) Expanded access to pre-exposure prophylaxis (PrEP) to prevent transmission; (7) Further enhanced collaboration with the Government of the Republic of Mozambique (GRM) across all levels – national, provincial, district and site, as well as with other stakeholders; and (8) Improved partner management through improved data use to sustain gains and retain patients in care in COP 2021.

PEPFAR funds will focus on effective case finding, treatment continuity, and viral suppression through successful index case testing and patient-centered access to needed services, many of which proved to be critical during COVID-19. In collaboration with the GRM, PEPFAR Mozambique will expand access to differentiated service delivery models, including multi-month drug dispensation, one-stop shops for new ART initiates, extended clinic hours, promotion of

integrated family-based consultations, and convenient methods of ART delivery through community health workers and groups, private-public pharmacies, and mobile brigades. PEPFAR Mozambique will continue to support children and adolescents living with HIV with their OVC and youth case management programs and to optimize pediatric regimens, transitioning all pediatric patients to Dolutegravir-based regimens in FY 2022. In collaboration with GRM, civil society, and multilateral organizations, PEPFAR Mozambique will continue to focus on treatment literacy and stigma reduction through GRM's male engagement strategy, the launch of a marketing campaign, and engagement with faith-based organizations to promote positive messages of hope. To help overcome any mental health barriers to PLHIV staying on treatment, PEPFAR Mozambique will be expanding a successful model of psycho-social support nationwide. To ensure better monitoring of treatment, PEPFAR Mozambique will use the results of a lab optimization analysis to identify the most efficient use of laboratory and diagnostic capabilities, coupled with interoperable and integrated electronic data systems for improved patient data management. PEPFAR Mozambique will continue to focus on reaching Key Populations through comprehensive prevention activities and improving the identification of HIV-positive Key Populations and their linkage and adherence to treatment. Additionally, community-led monitoring by community-based organizations will hold facilities and clinical partners accountable for the highest, most client-centered quality of care. All interventions will be aligned with the UNAIDS 90-90-90 goals, WHO guidelines and global best practices, and in close collaboration with GRM, civil society, and other stakeholders.

During COP 2021, PEPFAR Mozambique will build on its successful strategies from COP 2020 and continue to invest resources in the 620 focused sites which accounts for 86% of PLHIV on ART in Mozambique, while also supporting sustainability sites operated by the GRM. Notable changes from COP 2020 to COP 2021 include expansion of advanced disease care to facilities in all provinces to provide support for the identification of advanced disease patients and treatment in selected referral hospitals in each province. PEPFAR will also support the expansion of early infant diagnosis (EID) point of care testing to 21 facilities for improved linkage of infants to life-saving treatment. To address ongoing challenges due to ISIS in Cabo Delgado, PEPFAR will also expand treatment programs to IDP camps and increase resources to surrounding cachement areas. To continue to optimize HIV/AIDS testing and services to military members, PEPFAR Mozambique will be conducting a Seroprevalence and Behavioral Epidemiology Risk Survey (SABERS) on military population in COP21, with an anticipated completion date of September 2022. PEPFAR Mozambique continues to be fully committed to active partner management and accountability, engagement at all spheres of government, and mobilization of all stakeholders to achieve these goals. To ensure high-quality, client-centered HIV/AIDS services, PEPFAR Mozambique, in collaboration with GRM, civil society, and UNAIDS, will be continuing a multi-pronged approach to community-led monitoring of clinics and services in COP 2021.

### **American Rescue Plan Act of 2021 Summary Description**

This memo approves \$20,050,000 in ARPA funds in the Economic Support Fund (ESF) account to be implemented for activities during COP 2020 and COP 2021. Of the total \$20,050,000 in ARPA funds, \$20,050,000 is expected to be implemented in COP 2021;

these funds are included in the other tables found in this memo. The table below shows the estimated breakout of outlays in COP 2021 versus COP 2020 by implementing agency and operational division.

<u>Agency/OPDIV</u>	<u>ARPA Funds</u>	<u>ARPA Funds To be</u>	<u>TOTAL ARPA Funds</u>
	<u>Programmed in COP21</u>	<u>Added to COP20 for</u>	
	<u>FAST for COP21 Outlay</u>	<u>COP20 Outlay</u>	
<b>TOTAL</b>	<b>\$20,050,000</b>	<b>\$0</b>	<b>\$20,050,000</b>
DOD	\$150,000		\$150,000
HHS/CDC	\$10,763,096		\$10,763,096
HHS/HRSA			\$0
PC			\$0
USAID	\$4,841,125		\$4,841,125
USAID/WCF	\$4,295,779		\$4,295,779

Any ARPA funds not outlaid in COP 2020 will be allowed to outlay in COP 2021, and this will be accounted for in the End of Fiscal Year exercise in the Fall of 2021. The entire ARPA amount must be obligated by September 30, 2022 and should, except in extraordinary circumstances, be outlaid during COP 2021.

These ARPA funds are being provided specifically to address the intersection of HIV and COVID-19 to prevent, prepare for, and respond to coronavirus (including prevention of COVID-19 infection, illness, and death among PEPFAR beneficiaries and staff and mitigate COVID-19 impact on PEPFAR programs and beneficiaries and support PEPFAR program recovery from the impacts of coronavirus. Over the course of COP20 and COP21, the ARPA funds will support:

- PPE for clinical provider and support staff, vaccination administration efforts, and improved clinical management of COVID-19 patients at PEPFAR supported sites.
- Supply chain, laboratory technical assistance and health information systems, as well as address gaps in HIV prevention, care and treatment, TB, key populations, orphans and vulnerable children, and prevention of mother to child transmission, created by the COVID-19 pandemic.

**Faith and Communities Initiative (FCI)**

The implementation of the FCI has been significantly delayed by COVID. Accordingly, any remaining FCI funds at the end of COP20 will be allowed to carry over into COP21. After exact amounts of carryover are determined during the End of Fiscal Year process in fall of 2021, COP 21 envelopes will be updated to account for this carryover.

Pending Congressional Approval

## Funding Summary

All COP 2021 funding summarized in the charts below is approved at the agency and account levels as indicated. Funds are to be utilized to achieve the targets and outcomes and to fund implementing partners and Management and Operations costs (U.S. Government Costs of Doing Business) as documented in all PEPFAR systems and summarized in the appendix.

	of which, Bilateral									Total COP21 Budget (Bilateral + Central)
	Total	New Funding							Applied Pipeline	
		Total	FY 2021			FY 2020	FY 2019			
		Total	GHP-State	GHP-USAID	GAP	ESF	GHP-State	GHP-State		
TOTAL	420,246,691	412,076,059	412,076,059	388,951,059	-	3,075,000	20,050,000	-	8,170,632	421,246,691
DOD Total	8,168,641	6,778,396	6,778,396	6,628,396	-	-	150,000	-	1,390,245	8,168,641
DOD	8,168,641	6,778,396	6,778,396	6,628,396	-	-	150,000	-	1,390,245	8,168,641
HHS Total	200,771,881	200,771,881	200,771,881	186,933,785	-	3,075,000	10,763,096	-	-	200,771,881
HHS/CDC	197,407,342	197,407,342	197,407,342	183,569,246	-	3,075,000	10,763,096	-	-	197,407,342
HHS/HRSA	3,364,539	3,364,539	3,364,539	3,364,539	-	-	-	-	-	3,364,539
PC Total	2,833,408	-	-	-	-	-	-	-	2,833,408	2,833,408
PC	2,833,408	-	-	-	-	-	-	-	2,833,408	2,833,408
STATE Total	3,144,930	1,472,072	1,472,072	1,472,072	-	-	-	-	1,672,858	3,144,930
State	827,587	827,587	827,587	827,587	-	-	-	-	-	827,587
State/AF	2,317,343	644,485	644,485	644,485	-	-	-	-	1,672,858	2,317,343
USAID Total	205,327,831	203,053,710	203,053,710	193,916,806	-	-	9,136,904	-	2,274,121	206,327,831
USAID, non-WCF	115,489,324	113,215,203	113,215,203	108,374,078	-	-	4,841,125	-	2,274,121	115,489,324
USAID/WCF	89,838,507	89,838,507	89,838,507	85,542,728	-	-	4,295,779	-	-	90,838,507

1/*Applied Pipeline* refers to funding allocated in prior years, approved for implementation in FY 2022.

2/*Economic Support Fund (ESF)* funding is authorized in the American Rescue Plan Act of 2021 and must be used for a combined HIV and COVID purpose.

	of which, Central									Total COP21 Budget (Bilateral + Central)
	Total	New Funding							Applied Pipeline	
		Total	FY 2021			FY 2020	FY 2019			
		Total	GHP-State	GHP-USAID	GAP	ESF	GHP-State	GHP-State		
TOTAL	1,000,000	1,000,000	1,000,000	-	1,000,000	-	-	-	-	421,246,691
DOD Total	-	-	-	-	-	-	-	-	-	8,168,641
DOD	-	-	-	-	-	-	-	-	-	8,168,641
HHS Total	-	-	-	-	-	-	-	-	-	200,771,881
HHS/CDC	-	-	-	-	-	-	-	-	-	197,407,342
HHS/HRSA	-	-	-	-	-	-	-	-	-	3,364,539
PC Total	-	-	-	-	-	-	-	-	-	2,833,408
PC	-	-	-	-	-	-	-	-	-	2,833,408
STATE Total	-	-	-	-	-	-	-	-	-	3,144,930
State	-	-	-	-	-	-	-	-	-	827,587
State/AF	-	-	-	-	-	-	-	-	-	2,317,343
USAID Total	1,000,000	1,000,000	1,000,000	-	1,000,000	-	-	-	-	206,327,831
USAID, non-WCF	-	-	-	-	-	-	-	-	-	115,489,324
USAID/WCF	1,000,000	1,000,000	1,000,000	-	1,000,000	-	-	-	-	90,838,507

1/*Applied Pipeline* refers to funding allocated in prior years, approved for implementation in FY 2022.

2/*Economic Support Fund (ESF)* funding is authorized in the American Rescue Plan Act of 2021 and must be used for a combined HIV and COVID purpose.

**GHP-State Funds:** Upon the clearance of a FY 2021 PEPFAR GHP-State Congressional Notification (CN), funds will be made available for transfer to agency HQs as indicated in the above chart. Funds are made available for outlay in FY 2022 at approved COP 2021 partner budget levels to achieve FY 2022 targets and outcomes as documented in official PEPFAR systems and summarized in the approval memo's appendix. Upon receipt from S/GAC, agency headquarters will move the funds to the country platform via each agency's internal process.

**CDC GAP Funds:** With the receipt of this signed memo, CDC is approved to use CDC GAP funds, as indicated in the above funding chart. Funds are to be made available for outlay in FY 2022 at approved COP 2021 partner budget levels to achieve FY 2022 targets and outcomes as documented in official PEPFAR systems and summarized in the approval memo's appendix. With this approval, CDC GAP funding may be made available to country teams per CDC internal processes and following agency requirements.

**GHP-USAID Funds:** With the receipt of this signed memo, USAID is approved to use GHP-USAID funds, as indicated in the above funding chart. Funds are to be made available for outlay in FY 2022 at approved COP 2021 partner budget levels to achieve FY 2022 targets and outcomes as documented in official PEPFAR systems and summarized in the approval memo's appendix. With this approval, GHP-USAID funding may be made available to country teams per USAID internal processes and following agency requirements.

**ARP ESF Funds:** ESF funds must have both an HIV and COVID related purpose as laid out in relevant S/GAC guidance. Upon the clearance of a FY 2021 PEPFAR ESF Congressional Notification (CN), funds will be made available for transfer to agency HQs as indicated in the above chart. Funds are made available for outlay in FY 2022 at approved COP 2021 partner budget levels to achieve FY 2022 targets and outcomes as documented in official PEPFAR systems and summarized in the approval memo's appendix. Upon receipt, agency headquarters will move the funds to the country platform via each agency's internal process.

**Applied Pipeline Funds:** With the receipt of this signed memo, respective agencies are approved to use applied pipeline funds as indicated in the above funding chart. Funds are to be made available for outlay in FY 2022 at approved COP 2021 partner budget levels to achieve FY 2022 targets and outcomes as documented in official PEPFAR systems and summarized in the approval memo's appendix. Additional or remaining pipeline from previous year's activities that are not currently captured in the COP 2021 total budget level and documented within COP 2021 partner budgets are not to be executed or outlayed without written approval from S/GAC.

**Earmarks:** Mozambique has planned for programming for FY 2021, FY 2020, and/or FY 2019 GHP-State funding that it considered to meet a number of earmarks, as indicated in the table below. The amounts programmed during COP may exceed the original controls assigned to Mozambique. Upon approval of this memo, the amounts below will become the new earmark controls for the OU/Agency. Any changes to the amount of funding programmed for earmark-eligible activities must be approved via an OPU.

Earmarks	COP21 Funding Level			
	TOTAL	FY 2021	FY 2020	FY 2019
Care & Treatment	275,048,524	275,048,524	-	-
Orphans and Vulnerable Children	42,069,480	42,069,480	-	-
Preventing and Responding to Gender-based Violence	3,876,783	3,876,783	-	-
Water	866,320	866,320	-	-

\* Only GHP-State and GHP-USAID will count towards the Care and Treatment and OVC earmarks

\*\* Only GHP-State will count towards the GBV and Water earmarks

AB/Y Earmark	COP21 Funding Level				Applied Pipeline
	TOTAL	FY 2021	FY 2020	FY 2019	
TOTAL Prevention Programming	24,802,956	24,802,956	-	-	-
Of which, AB/Y	14,927,008	14,927,008	-	-	-
% AB/Y of TOTAL Sexual Prevention Programming	60.2%	60.2%	N/A	N/A	N/A

1/Applied Pipeline refers to funding allocated in prior years, approved for implementation in FY 2022.

### AB/Y Earmark Budget Justification

AB/Y Requirement Met.

**Initiatives by Agency**

	Total Central Applied Pipeline	Total Bilateral Applied Pipeline	Total Central - New Funding	Total Bilateral - New Funding	Total COP21 Budget
<b>TOTAL</b>	-	8,170,632	1,000,000	412,076,059	421,246,691
<i>of which, Cervical Cancer</i>	-	-	-	5,500,000	5,500,000
<i>of which, Community-Led Monitoring</i>	-	575,000	-	2,800,000	3,375,000
<i>of which, Condoms (GHP-USAID Central Funding) (Central)</i>	-	-	1,000,000	-	1,000,000
<i>of which, Core Program</i>	-	6,173,146	-	344,598,545	350,771,691
<i>of which, DREAMS</i>	-	364,778	-	34,635,222	35,000,000
<i>of which, VMMC</i>	-	1,057,708	-	24,542,292	25,600,000
<b>DOD Total</b>	-	1,390,245	-	6,778,396	8,168,641
<i>of which, Cervical Cancer</i>	-	-	-	79,298	79,298
<i>of which, Core Program</i>	-	332,537	-	4,815,213	5,147,750
<i>of which, VMMC</i>	-	1,057,708	-	1,883,885	2,941,593
<b>HHS Total</b>	-	-	-	200,771,881	200,771,881
<i>of which, Cervical Cancer</i>	-	-	-	4,500,306	4,500,306
<i>of which, Community-Led Monitoring</i>	-	-	-	1,640,000	1,640,000
<i>of which, Core Program</i>	-	-	-	168,341,812	168,341,812
<i>of which, DREAMS</i>	-	-	-	12,850,363	12,850,363
<i>of which, VMMC</i>	-	-	-	13,439,400	13,439,400
<b>PC Total</b>	-	2,833,408	-	-	2,833,408
<i>of which, Core Program</i>	-	2,833,408	-	-	2,833,408
<b>STATE Total</b>	-	1,672,858	-	1,472,072	3,144,930
<i>of which, Community-Led Monitoring</i>	-	575,000	-	-	575,000
<i>of which, Core Program</i>	-	733,080	-	1,401,935	2,135,015
<i>of which, DREAMS</i>	-	364,778	-	70,137	434,915
<b>USAID Total</b>	-	2,274,121	1,000,000	203,053,710	206,327,831
<i>of which, Cervical Cancer</i>	-	-	-	920,396	920,396
<i>of which, Community-Led Monitoring</i>	-	-	-	1,160,000	1,160,000
<i>of which, Condoms (GHP-USAID Central Funding) (Central)</i>	-	-	1,000,000	-	1,000,000
<i>of which, Core Program</i>	-	2,274,121	-	170,039,585	172,313,706
<i>of which, DREAMS</i>	-	-	-	21,714,722	21,714,722
<i>of which, VMMC</i>	-	-	-	9,219,007	9,219,007

## FY 2022 Target Summary

FY 2021 funds are released and COP 2021 applied pipeline is approved to achieve the following results in FY 2022.

Mozambique		Attained	SNU Prioritizations				Total	
			Scale-Up: Saturation	Scale-Up: Aggressive	Sustained	Centrally Supported		No Prioritization
HTS_INDEX	<15	3,593	-	276,053	-	5,545	630	285,821
	15+	6,275	-	299,569	-	7,626	6,496	319,966
	<b>Total</b>	<b>9,868</b>	-	<b>575,622</b>	-	<b>13,171</b>	<b>7,126</b>	<b>605,787</b>
HTS_TST	<15	9,631	-	854,217	-	19,441	2,893	886,182
	15+	66,859	-	5,391,486	-	265,882	59,971	5,784,198
	<b>Total</b>	<b>76,490</b>	-	<b>6,245,703</b>	-	<b>285,323</b>	<b>62,864</b>	<b>6,670,380</b>
HTS_TST_POS	<15	186	-	16,427	-	447	260	17,320
	15+	5,583	-	302,030	-	8,894	6,036	322,543
	<b>Total</b>	<b>5,769</b>	-	<b>318,457</b>	-	<b>9,341</b>	<b>6,296</b>	<b>339,863</b>
TX_NEW	<15	186	-	18,925	-	481	270	19,862
	15+	5,304	-	287,050	-	8,484	5,741	306,579
	<b>Total</b>	<b>5,490</b>	-	<b>305,975</b>	-	<b>8,965</b>	<b>6,011</b>	<b>326,441</b>
TX_CURR	<15	1,428	-	94,454	-	3,100	926	99,908
	15+	42,134	-	1,638,645	-	51,782	27,932	1,760,493
	<b>Total</b>	<b>43,562</b>	-	<b>1,733,099</b>	-	<b>54,882</b>	<b>28,858</b>	<b>1,860,401</b>
TX_PVLS	<15	1,272	-	80,974	-	2,700	730	85,676
	15+	37,608	-	1,425,867	-	45,303	23,919	1,532,697
	<b>Total</b>	<b>38,880</b>	-	<b>1,506,841</b>	-	<b>48,003</b>	<b>24,649</b>	<b>1,618,373</b>
CXCA_SCRN	<15	7,359	-	299,750	-	-	4,932	312,041
	<18	-	-	374,177	-	-	-	374,177
	18+	-	-	55,027	-	-	-	55,027
OVC_SERV	<15	-	-	-	-	-	-	-
	18+	-	-	429,204	-	-	-	429,204
	<b>Total</b>	-	-	<b>69,736</b>	-	-	-	<b>69,736</b>
OVC_HIVSTAT	<15	-	-	-	-	-	80	80
	15+	5,704	-	1,465,123	-	182,932	2,150	1,655,909
	<b>Total</b>	<b>5,704</b>	-	<b>1,465,123</b>	-	<b>182,932</b>	<b>2,230</b>	<b>1,655,989</b>
PMTCT_STAT	<15	-	-	-	-	-	-	-
	15+	918	-	111,768	-	4,788	579	118,053
	<b>Total</b>	<b>918</b>	-	<b>111,768</b>	-	<b>4,788</b>	<b>579</b>	<b>118,053</b>
PMTCT_STAT_POS	<15	-	-	-	-	-	-	-
	15+	907	-	109,714	-	4,691	579	115,891
	<b>Total</b>	<b>907</b>	-	<b>109,714</b>	-	<b>4,691</b>	<b>579</b>	<b>115,891</b>
PMTCT_ART	<15	-	-	-	-	-	-	-
	15+	849	-	89,749	-	-	557	91,155
	<b>Total</b>	<b>849</b>	-	<b>89,749</b>	-	-	<b>557</b>	<b>91,155</b>
PMTCT_EID	<15	-	-	-	-	-	-	-
	15+	-	-	84,315	-	-	40,048	124,363
	<b>Total</b>	-	-	<b>84,315</b>	-	-	<b>40,048</b>	<b>124,363</b>
KP_PREV	<15	1,716	-	50,074	-	-	-	51,790
	15+	-	-	-	-	-	-	-
	<b>Total</b>	<b>1,716</b>	-	<b>50,074</b>	-	-	-	<b>51,790</b>
KP_MAT	<15	-	-	-	-	-	-	-
	15+	-	-	170,686	-	6,300	23,366	200,352
	<b>Total</b>	-	-	<b>170,686</b>	-	<b>6,300</b>	<b>23,366</b>	<b>200,352</b>
VMMC_CIRC	<15	-	-	-	-	-	-	-
	15+	-	-	-	-	-	-	-
	<b>Total</b>	-	-	-	-	-	-	-
HTS_SELF	<15	-	-	-	-	-	-	-
	15+	-	-	-	-	-	-	-
	<b>Total</b>	-	-	-	-	-	-	-
PrEP_NEW	<15	2,074	-	47,917	-	-	5,001	54,992
	15+	2,436	-	57,473	-	-	6,001	65,910
	<b>Total</b>	<b>4,510</b>	-	<b>105,390</b>	-	-	<b>11,002</b>	<b>120,902</b>
PrEP_CURR	<15	79	-	9,373	-	-	151	9,603
	15+	536	-	63,169	-	-	1,004	64,709
	<b>Total</b>	<b>615</b>	-	<b>72,542</b>	-	-	<b>1,155</b>	<b>74,312</b>
TB_STAT	<15	35	-	2,044	-	-	34	2,113
	15+	324	-	23,069	-	-	314	23,707
	<b>Total</b>	<b>359</b>	-	<b>25,113</b>	-	-	<b>348</b>	<b>25,820</b>
TB_ART	<15	488	-	38,292	-	-	362	39,142
	15+	14,291	-	637,179	-	-	9,270	660,740
	<b>Total</b>	<b>14,779</b>	-	<b>675,471</b>	-	-	<b>9,632</b>	<b>699,882</b>
TB_PREV	<15	1,373	-	100,704	-	-	997	103,074
	15+	40,388	-	1,715,204	-	-	27,800	1,783,392
	<b>Total</b>	<b>41,761</b>	-	<b>1,815,908</b>	-	-	<b>28,797</b>	<b>1,886,466</b>
TX_TB	<15	135	-	58,731	-	-	-	58,866
	15+	-	-	131,087	-	-	-	131,087
	<b>Total</b>	<b>135</b>	-	<b>131,087</b>	-	-	-	<b>131,087</b>
GEND_GBV	<15	-	-	-	-	-	-	-
	15+	-	-	-	-	-	-	-
AGYW_PREV	<15	-	-	-	-	-	-	-
	15+	-	-	-	-	-	-	-

\* Totals may be greater than the sum of categories due to activities outside of the SNU prioritization areas outlined above

### **Partner Management and Stakeholder Engagement:**

Agreements made during COP 2021 discussions, including those regarding geographic focus, targets, budgets, SIMS, use of pipeline, partner implementation and partner management will be monitored and evaluated on a regular basis via both ad hoc check-ins and discussions as well as the joint HQ and country team POART discussions. It is expected that teams closely monitor partner performance and engage with each implementing partner on a regular basis to ensure achievement of targets, outcomes and impact in a manner consistent with this memo, approved SDS, and budgets and targets as finalized in PEPFAR systems. Any partner with EITHER (1) <15 percent of target achievement at 3 months or (2) less than 40 percent of target achievement at 6 months must have a complete review of performance data (including trends in performance) and expenditures to date by program area, implement remediation, and conduct intensive follow-up. In the HIV treatment program, most clients are continuing on treatment year after year and current on treatment (TX\_CURR) performance should be between 98 percent and 100 percent of the target. This can be adjusted in country context where HIV treatment services are still scaling up and the treatment new target is greater than 10 percent of treatment current. OVC programs are also similar in that there are clients continuing services from the previous year; if the IP is less than 80 percent of their target at Q2 performance review should be triggered. For key populations programming, per MER Guidance and program requirements, HIV testing is a required element of the KP\_PREV indicator. HIV testing services (HTS) or referring an individual to HTS is required to be offered (at least once during the reporting period and/or in accordance with WHO/national guidance) unless the individual had previously been tested positive for HIV. HIV prevention services must be tailored to individual risks. If the individual is self-identified as HIV positive, then HTS provision or referral to HTS will not be a required element of this indicator. Workplans for IPs should reflect these HTS requirements for key populations programming. Additionally, where referral to HTS is made, IP workplans and program design should incorporate measures to follow through on HTS with KP clients to ensure referral completion. These elements (i.e. review, remediation, and follow-up) should be incorporated into the existing IP work plans. A second quarter of consistently poor performance by the IP should also result in implementation of a documented Performance Improvement Plan (PIP) or Correction Action Plan (CAP), in accordance with implementing agency policy. PIP indicators should reflect the core issue. If the issue is linkage of test positive to treatment the indicator measured should be test positive to new in treatment of greater than 85 percent. If the issue is retention it should be net new on treatment equal to 90 percent of new on treatment. After two quarters of intensive oversight and remediation for underperformance, partners should be close to full achievement of targets expected at quarter three. With a third quarter of consistently poor performance by the IP, implementing agencies should notify S/GAC the options the agency is implementing to address partner non-performance, including options for a shift to new partners. The country team should notify the S/GAC Chair and PPM immediately of the improvement plan.

Continued engagement with all stakeholders, including civil society and community members, multilateral partners and bilateral partners, is to continue throughout COP 2021 implementation. Core to this critical engagement is the sharing of and discussion surrounding quarterly results and achievement and findings from community-led monitoring. This continued engagement will

ensure all parties' understanding of Mozambique's progress and help identify any strategic changes to be made in order to more efficiently and effectively reach epidemic control.

Pending Congressional Approval